

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006031

Entity Name: FOUNTAINHEAD AT THE VINEYARDS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 US**FEI Number:** 65-0641124**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR S SUITE#215
NAPLES, FL 34104 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ROBERT ROSENOW

03/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	ROBERTS, SHARON
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	DIMENTO, WILLIAM
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	PRESIDENT
Name	FONES, MICHAEL R
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	HOUSER, JOANN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	CROSS, RUSS
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S SUITE#215
City-State-Zip:	NAPLES FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUSS CROSS

SECRETARY

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date